Date:	2/8/2024
Your Name:	Graham Devereux
Manuscript Title:	A randomized clinical trial of bisoprolol in patients with COPD at high risk of exacerbation
Manuscript Number (if known):	Click or tap here to enter text.

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

	Name all entities with whom you have this relationship or indicate none (add rows as needed)		•	Specifications/Comments (e.g., if payments were made to you or to your institution)
			Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.		None	Click the tab key to add additional rows.
			Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).		None	
3	Royalties or licenses		None	

			Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

			entities with whom you have this thip or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	No.	one	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	No.	one	
13	Other financial or non-financial interests	No.	one	
Plea	Please place an "X" next to the following statement to indicate your agreement:    I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date: 2/8/2024					
Your Name:		<u>-</u>	Seonaidh Cotton		
Manuscript Title:		<u>-</u>	A randomized clinical trial of bisoprolol in patients with COPD at high risk of exacerbation		
Mar	nuscript Number (if k	known):	Click or tap here to enter text.		
In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to to content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.  The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even that medication is not mentioned in the manuscript.  In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.			ot-for-profit third parties whose interests may be not to transparency and does not necessarily /interest, it is preferable that you do so. example, if your manuscript pertains to the acturers of antihypertensive medication, even if		
			entities with whom you have this hip or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial planning	of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.		TA Programme	Grant funding to institution  Click the tab key to add additional rows.	
			Time frame: past 36 month	S	
2	Grants or contracts from any entity (if not indicated in item #1 above).	No	one		
3	Royalties or licenses	⊠ No	one		

			Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
11	Stock or stock options	⊠ None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
13	Other financial or non-financial interests	None		
Plea	Please place an "X" next to the following statement to indicate your agreement:			
$\boxtimes$	I certify that I have	answered every question and have not altered the wo	ording of any of the questions on this form.	

Date:	2/8/2024
Your Name:	Mintu Nath
Manuscript Title:	A randomized clinical trial of bisoprolol in patients with COPD at high risk of exacerbation
Manuscript Number (if known):	Click or tap here to enter text.

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
		Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.		None	Click the tab key to add additional rows.	
		Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).		None		
3	Royalties or licenses		None		

			Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

			entities with whom you have this thip or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	No.	one	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	No.	one	
13	Other financial or non-financial interests	No.	one	
Plea	Please place an "X" next to the following statement to indicate your agreement:    I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date: 9 February 2024

Your Name: Nicola Mcmeekin

Manuscript Title: A randomized clinical trial of bisoprolol in patients with COPD at high risk of exacerbation

Manuscript number (if known):

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	
1	All support for the present	NIHR	Grant BICS research
	manuscript (e.g., funding,		
	provision of study materials, medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from		
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
3	Noyaitles of ficerises	NOTIC	
4	Consulting fees		

		None	
_			
5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
12	materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-	None	
	financial interests		

Please place an "X" next to the following statement to indicate your agreement:
X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Dat	e:		2/13/2024		
Your Name:		-	Karen Campbell		
Ma	nuscript Title:	-	A randomized clinical trial of bisoprolol in p	atients with COPD at high risk of exacerbation	
Ma	nuscript Number (if kr	nown):	Click or tap here to enter text.		
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub		pt. "Rela f the mar in doubt	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.  es/interests should be defined broadly. For example, if your manuscript pertains to the		
-	demiology of hyperten t medication is not me	-	the contract of the contract o	acturers of antihypertensive medication, even if	
	em #1 below, report ane for disclosure is the		•	ithout time limit. For all other items, the time	
			entities with whom you have this hip or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial planning	of the work	
			Time traine. Since the initial planning	of the work	
1	All support for the present	[□  No	one	of the work	
1	present manuscript (e.g.,	[-]		Grant funding to institution	
1	present manuscript (e.g., funding, provision of study materials,	[-]	one		
1	present manuscript (e.g., funding, provision	[-]	one	Grant funding to institution	
1	present manuscript (e.g., funding, provision of study materials, medical writing,	[-]	one	Grant funding to institution	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	[-]	TA Programme	Grant funding to institution  Click the tab key to add additional rows.	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	NIHR H	one	Grant funding to institution  Click the tab key to add additional rows.	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from	NIHR H	TA Programme  Time frame: past 36 month	Grant funding to institution  Click the tab key to add additional rows.	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not indicated in item	NIHR H	TA Programme  Time frame: past 36 month	Grant funding to institution  Click the tab key to add additional rows.	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not	NIHR H	TA Programme  Time frame: past 36 month	Grant funding to institution  Click the tab key to add additional rows.	
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2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not indicated in item #1 above).	NIHR H	TA Programme  Time frame: past 36 month  one	Grant funding to institution  Click the tab key to add additional rows.	

			Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	⊠ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	⊠ None	
Plea	Please place an "X" next to the following statement to indicate your agreement:  I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	2/1/2024
Your Name:	Rekha Chaudhuri
Manuscript Title:	A randomized clinical trial of bisoprolol in patients with COPD at high risk of exacerbation
Manuscript Number (if known):	Click or tap here to enter text.

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning of	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None	Click the tab key to add additional rows.
		Time frame: past 36 months	5
2	Grants or contracts from any entity (if not indicated in item #1 above).	None   AstraZeneca	For an Investigator-led study
3	Royalties or licenses	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	GSK, AstraZeneca, Teva, Chiesi, Sanofi	lectures
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	Chiesi, Sanofi, GSK	Attending conferences
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	GSK, AstraZeneca, Celltrion	Advisory board meetings
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement:  I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	2/8/2024
Your Name:	Dr Gourab Choudhury
Manuscript Title:	A randomized clinical trial of bisoprolol in patients with COPD at high risk of exacerbation
Manuscript Number (if known):	Click or tap here to enter text.

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning of	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None	Click the tab key to add additional rows.
		Time frame: past 36 months	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	GSK Astra Zeneca British Lung Foundation	
3	Royalties or licenses	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None  None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Presented in lectures sponsored by GSK, AZ, Chiesi
6	Payment for expert testimony	None
7	Support for attending meetings and/or travel	None
8	Patents planned, issued or pending	None
9	Participation on a Data Safety Monitoring Board or Advisory Board	Chair the Act on COPD Group in Scotland Chair the Lothian Respiratory Managed Clinical Network
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None  None

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	⊠ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement:    I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date: 9 February 2024

Your Name: Anthony De Soyza

Manuscript Title: A randomized clinical trial of bisoprolol in patients with COPD at high risk of exacerbation

Manuscript number (if known):

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	AstraZeneca	Unrestricted funding for investigator-initiated studies
	any entity (if not indicated	Chiesi	Unrestricted funding for investigator-initiated studies
	in item #1 above).		(conducted through Observational and Pragmatic
			Research Institute Pte Ltd)
3	Royalties or licenses	None	
4	Compatition	A - + 7	Consultingfore
4	Consulting fees	AstraZeneca	Consulting fees
		Boehringer Ingelheim	
		Insmed	
		GlaxoSmithKline	

5	Payment or honoraria for	AstraZeneca	
	lectures, presentations,	GlaxoSmithKline	
	speakers bureaus,		
	manuscript writing or		
	educational events		
7	Support for attending	AstraZeneca	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	AstraZeneca	Advisory Board membership
	in other board, society,	Insmed	
	committee or advocacy	30T	
	group, paid or unpaid		
11	Stock or stock options	NONE	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	UK Efficacy and	Peer reviewer for grant committees
	financial interests	Mechanism Evaluation	
		programme	
		Health Technology	Health Technology Assessment
		Assessment	

Please place an " $\mathbf{X}$ " next to the following statement to indicate your agreement:

 $\underline{X}$  I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:	2/9/2024
Your Name:	SHONA FIELDING
Manuscript Title:	A randomized clinical trial of bisoprolol in patients with COPD at high risk of exacerbation
Manuscript Number (if known):	Click or tap here to enter text.

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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_		e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None	Click the tab key to add additional rows.
		Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	□ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	⊠ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement:    I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	2/8/2024
Your Name:	Simon Gompertz
Manuscript Title:	A randomized clinical trial of bisoprolol in patients with COPD at high risk of exacerbation
Manuscript Number (if known):	Click or tap here to enter text.

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		Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None	Click the tab key to add additional rows.
		Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement:    I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	2/12/2024
Your Name:	John Haughney
Manuscript Title:	A randomized clinical trial of bisoprolol in patients with COPD at high risk of exacerbation
Manuscript Number (if known):	Click or tap here to enter text.

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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		e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None	of the work  Click the tab key to add additional rows.
		Time frame: past 36 months	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
		AstraZeneca	Consulting Fees
_			
5	Payment or honoraria for lectures,	□ None Chiesi	
	presentations, speakers	Teva	
	bureaus, manuscript writing or educational events		
6	Payment for expert testimony	⊠  None	
7	Support for attending	□ None	
	meetings and/or travel	Chiesi	
8	Patents planned, issued or	⊠  None	
	pending		
9	Participation on a Data Safety	⊠  None	
	Monitoring Board or Advisory Board		
10	Leadership or fiduciary role in	⊠  None	
	other board, society,		
	committee or		
	advocacy group, paid or unpaid		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea 🖂		t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:	2/8/2024
Your Name:	Professor Amanda Lee
Manuscript Title:	A randomized clinical trial of bisoprolol in patients with COPD at high risk of exacerbation
Manuscript Number (if known):	Click or tap here to enter text.

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None	Click the tab key to add additional rows.
		Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

			Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None □	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea 🖂		t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:			2/8/2024		
You	ır Name:		Graeme MacLennan		
Manuscript Title:			A randomized clinical trial of bisoprolol in p	atients with COPD at high risk of exacerbation	
Manuscript Number (if known):		nown):	Click or tap here to enter text.		
content of your manuscript. "Rela affected by the content of the ma			e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be inuscript. Disclosure represents a commitment to transparency and does not necessarily about whether to list a relationship/activity/interest, it is preferable that you do so.		
				example, if your manuscript pertains to the acturers of antihypertensive medication, even if	
	tem #1 below, report a me for disclosure is the		· · · · · · · · · · · · · · · · · · ·	ithout time limit. For all other items, the time	
			l entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			<u>-</u>	made to you or to your institution)	
1	All support for the	relations	ship or indicate none (add rows as needed)	made to you or to your institution)	
1	All support for the present manuscript (e.g.,	relations	Time frame: Since the initial planning one	made to you or to your institution)	
1	All support for the present manuscript (e.g., funding, provision	relations	Time frame: Since the initial planning one	made to you or to your institution)  of the work  Grant payment to University of Aberdeen	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing,	relations	Time frame: Since the initial planning one	made to you or to your institution) of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing	relations	Time frame: Since the initial planning one	made to you or to your institution)  of the work  Grant payment to University of Aberdeen	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for	relations	Time frame: Since the initial planning one	made to you or to your institution)  of the work  Grant payment to University of Aberdeen	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	relations	Time frame: Since the initial planning one	made to you or to your institution)  of the work  Grant payment to University of Aberdeen  Click the tab key to add additional rows.	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for	relations	Time frame: Since the initial planning one	made to you or to your institution)  of the work  Grant payment to University of Aberdeen  Click the tab key to add additional rows.	

any entity (if not indicated in item #1 above).

Royalties or

licenses

None

3

			Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
11	Stock or stock options	⊠ None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
13	Other financial or non-financial interests	⊠ None		
Plea	Please place an "X" next to the following statement to indicate your agreement:    I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	2/9/2024
Your Name:	Alyn Morice
Manuscript Title:	A randomized clinical trial of bisoprolol in patients with COPD at high risk of exacerbation
Manuscript Number (if known):	Click or tap here to enter text.

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The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.		None	Click the tab key to add additional rows.
			Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).		None	
3	Royalties or licenses		None	

			s/Comments (e.g., if payments were or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	⊠  None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Co-chair of the ERS Neurocough CRC nil	

			entities with whom you have this thip or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	No.	one	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	No.	one	
13	Other financial or non-financial interests	None  None		
Plea	Please place an "X" next to the following statement to indicate your agreement:    I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	2/15/2024
Your Name:	John Norrie
Manuscript Title:	A randomized clinical trial of bisoprolol in patients with COPD at high risk of exacerbation
Manuscript Number (if known):	Click or tap here to enter text.

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning	of the work
1	All support for the present	□ None	
	manuscript (e.g.,	NIHR Grant to University of Aberdeen	Payment to Institution
	funding, provision of study materials,		Click the tab key to add additional rows.
á (1	medical writing, article processing charges, etc.) No time limit for this item.		
		Time frame: past 36 month	s
2 Grants or contracts from		□ None	
contracts from any entity (if not indicated in item #1 above).	THE MICROBIAL EFFECT OF INHALED STEROIDS IN SEVERE COPD PATIENTS WITH ASSOCIATED BRONCHIECTASIS	GlaxoSmithKline Grant to University of Edinburgh	
		RESPIRE: Exploiting Information Technology to Reduce Morbidity and Mortality from Asthma, Chronic Obstructive Pulmonary Disease (COPD), Bacterial Pneumonia, Influenza and Respiratory Syncytial Virus (RSV) Infection in Low- and Middle-Income Countries (LMICs)	NIHR Grant to University of Edinburgh

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
3	Royalties or licenses	None	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Chair of MRC/NIHR Efficacy and Mechanism Evaluation Board, 2019-present	Secondment
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	John Norrie: HTA Commissioning Sub-Board (EOI) (April 2016 to March 2017), May 2018 to May 2023, November 2015 to March 2019, Pre-Exposure Prophylaxis Impact Review Panel May to Juen 2017, EME Strategy Advisory Committee (Current member), EME - Funding Committee Members August 2019 to August 2022, EME Funding Committee Sub-Group Remit & Comp Check (current member), HTA General Committee November 2016 to November 2019, HTA Post-Funding Committee teleconference (POC members to attend) November 2016 to November 2019, HTA Funding Committee Policy Group (formerly CSG) November 2016 to November 2019, Covid-19 Reviewing June to September 2020, and HTA Commissioning Committee January 2010 to February 2016.	
Please place an "X" next to the following statement to indicate your agreement:			
□ I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

**Date:** 9 February 2024 **Your Name:** David Price

Manuscript Title: A randomized clinical trial of bisoprolol in patients with COPD at high risk of exacerbation

Manuscript number (if known):

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> manuscript only.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initia	planning of the work
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)  No time limit for this item.		
	No time limit for this item.		
		Time frame: past	
2	Grants or contracts from	AstraZeneca	Unrestricted funding for investigator-initiated studies
	any entity (if not indicated		(conducted through Observational and Pragmatic
	in item #1 above).		Research Institute Pte Ltd)
		Chiesi	Unrestricted funding for investigator-initiated studies
			(conducted through Observational and Pragmatic
			Research Institute Pte Ltd)
		Viatris	Unrestricted funding for investigator-initiated studies
			(conducted through Observational and Pragmatic
			Research Institute Pte Ltd)

		ı	T
		Novartis	Unrestricted funding for investigator-initiated studies
			(conducted through Observational and Pragmatic
		D	Research Institute Pte Ltd)
		Regeneron Pharmaceuticals	Unrestricted funding for investigator-initiated studies
		Pharmaceuticais	(conducted through Observational and Pragmatic Research Institute Pte Ltd)
		Sanafi Canzuma	,
		Sanofi Genzyme	Unrestricted funding for investigator-initiated studies (conducted through Observational and Pragmatic
			Research Institute Pte Ltd)
		UK National Health	Unrestricted funding for investigator-initiated studies
		Service	(conducted through Observational and Pragmatic
		Service	Research Institute Pte Ltd)
3	Royalties or licenses	None	Nescurent institute i te Eta)
	Noyanies of nechises	None	
4	Consulting fees	AstraZeneca	Consulting fees
		Boehringer Ingelheim	
		Chiesi	
		GlaxoSmithKline	
		Novartis	
		Teva Pharmaceuticals	
		Viatris	
5	Payment or honoraria for	AstraZeneca	
	lectures, presentations,	Boehringer Ingelheim	
	speakers bureaus,	Chiesi	
	manuscript writing or	Cipla	
	educational events	Inside Practice	
		GlaxoSmithKline	
		Novartis	
		Medscape	
		Regeneron	
		Pharmaceuticals	
		Sanofi Genzyme	
		Teva Pharmaceuticals	
		Viatris	
6	Payment for expert	GlaxoSmithKline	
	testimony		
7	Support for attending	AstraZeneca	
,	meetings and/or travel	Boehringer Ingelheim	
		Novartis	
		Medscape	
		Teva Pharmaceuticals	
8	Patents planned, issued or	None	
ľ	pending	None	
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	AstraZeneca	Advisory Board membership
	in other board, society,	Amgen	
		Boehringer Ingelheim	

	committee or advocacy	Chiesi	
	group, paid or unpaid	Novartis	
	8. 646) para 6. ampara	Regeneron	
		Pharmaceuticals	
		Sanofi Genzyme	
		Teva Pharmaceuticals	
		Viatris	
11	Stock or stock options	AKL Research and	Produces phytopharmaceuticals - NB: this declaration is
11	Stock of Stock options	Development Ltd	completed unrelated to this publication and has been
		Development Ltd	made for transparency and completion only –
			consequently this declaration can be removed as It has no
			relationship/activities/interest associated with the
			current manuscript (updated 18th Jan 2024).
		Optimum Patient Care Ltd	Social enterprise focused on quality improvement in
		(Australia and UK)	clinical practice. Owns 74% - NB: this declaration is
		,	completed unrelated to this publication and has been
			made for transparency and completion only –
			consequently this declaration can be removed as It has no
			relationship/activities/interest associated with the
			current manuscript (updated 18th Jan 2024).
		Observational and	Research institute that undertakes academic research -
		Pragmatic Research	owns 92.61%. NB: this declaration is completed unrelated
		Institute Pte Ltd	to this publication and has been made for transparency
		(Singapore)	and completion only – consequently this declaration can
			be removed as It has no relationship/activities/interest
			associated with the current manuscript (updated 18th Jan
			2024).
		5% shareholding in	5% shareholding; develops adherence monitoring
		Timestamp which	technology. NB: this declaration is completed unrelated
		develops adherence	to this publication and has been made for transparency
		monitoring technology	and completion only – consequently this declaration can
			be removed as It has no relationship/activities/interest
			associated with the current manuscript (updated 18th Jan
12	Descint of anytheres	Nama	2024).
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
12	Other financial or non-	LIK Efficacy and	Poor reviewer for grant committees
13	financial interests	UK Efficacy and Mechanism Evaluation	Peer reviewer for grant committees
	illialiciai liiterests		
		programme Health Technology	Health Technology Assessment
		Assessment	Health rechinology Assessment
		Assessment	

Please place an "X" next to the following statement to indicate your agreement:

 $\underline{X}$  I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:	Click or tap to enter a date.
Your Name:	Philip Short
Manuscript Title:	A randomized clinical trial of bisoprolol in patients with COPD at high risk of exacerbation
Manuscript Number (if known):	Click or tap here to enter text.

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None	Click the tab key to add additional rows.
		Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

			Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea 🖂		t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:	2/8/2024
Your Name:	Jørgen Vestbo
Manuscript Title:	A randomized clinical trial of bisoprolol in patients with COPD at high risk of exacerbation
Manuscript Number (if known):	Click or tap here to enter text.

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None	Click the tab key to add additional rows.
		Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	ALK-Abello, AstraZeneca, Chiesi, GSK, Boehringer-Ingelheim, Teva	Personal fees
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	AstraZeneca, Chiesi, GSK, Boehringer-Ingelheim	Personal fees
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea 🖂		t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:	2/8/2024
Your Name:	Dr Paul P Walker
Manuscript Title:	A randomized clinical trial of bisoprolol in patients with COPD at high risk of exacerbation
Manuscript Number (if known):	Click or tap here to enter text.

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None	Click the tab key to add additional rows.
		Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None
6	Payment for expert testimony	None
7	Support for attending meetings and/or travel	None
8	Patents planned, issued or pending	None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Chair of British Thoracic Society November 2021 to present  Member of Council of Royal College of Physicians of London November 2021 to present  No payment(s)  No payment(s)

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement:  I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	2/9/2024
Your Name:	Jadwiga A Wedzicha
Manuscript Title:	Click or tap here to enter text.
Manuscript Number (if known):	Click or tap here to enter text.

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning of	of the work
2	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None  Time frame: past 36 months	Click the tab key to add additional rows.
	contracts from any entity (if not indicated in item #1 above).	Grants from Astra Zeneca, Boehringer, Chiesi, GSK, Novartis, Genentech, 37Clinical	All paid to institution
3	Royalties or licenses	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None  Fees for Advisory Boards from Astra Zeneca, Epiendo, GSK, Gilead, Novartis, Pieris, Pulmatrix,Empiricio	Payments to myself
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None  Speaker fees from Astra Zeneca, GSK, Boehringer, Recipharm, Novartis	Payments to myself
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	DSMB Chair for Virtus.	Fee paid to myself
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Till March 2022, Editor in Chief of AJRCCM	Fee paid to Institution and to myself

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	□ None	
13	Other financial or non-financial interests	None	
r I	Please place an "X" next to the following statement to indicate your agreement:		
	I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	2/9/2024
Your Name:	Andrew Wilson
Manuscript Title:	A randomized clinical trial of bisoprolol in patients with COPD at high risk of exacerbation
Manuscript Number (if known):	Click or tap here to enter text.

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning of	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None	Click the tab key to add additional rows.
		Time frame: past 36 months	
2	Grants or contracts from	□ None	
	any entity (if not	Brainomix	My institution
	indicated in item	Aseptika	My institution
	#1 above).	GSK	My institution
		Owlstone	My institution
		La Roche	My institution
		Insmed	My institution
3	Royalties or licenses	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None   Boehringer Ingelheim	myself
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None   Cheisi	myself
8	Patents planned, issued or pending	DevPro Biopharma	My institution
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	⊠ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	⊠ None	
Plea	Please place an "X" next to the following statement to indicate your agreement:		
	I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	2/8/2024
Your Name:	Olivia Wu
Manuscript Title:	A randomized clinical trial of bisoprolol in patients with COPD at high risk of exacerbation
Manuscript Number (if known):	Click or tap here to enter text.

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
			Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	□ None		
			Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).		None	
3	Royalties or licenses		None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	Chair of NIHR Clinical Evaluations & Trials Committee

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
13	Other financial or non-financial interests	None		
Please place an "X" next to the following statement to indicate your agreement:    I certify that I have answered every question and have not altered the wording of any of the questions on this form.				

Date:		1/8/2024	1/8/2024		
Your Name:		Brian Lipworth	Brian Lipworth		
Manuscript Title:		A randomized clinical trial of bisoprolol in p	A randomized clinical trial of bisoprolol in patients with COPD at high risk of exacerbation		
Manuscript Number (if known):		Click or tap here to enter text.	Click or tap here to enter text.		
cont affer indice The epid that	In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.  The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the expidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.  In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.				
		ame all entities with whom you have this elationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
		Time frame: Since the initial planning	of the work		
	All support for the present manuscript (e.g.,	□ None			
	funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.		Click the tab key to add additional rows.		
	funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for	Time frame: past 36 month			
	funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for	Time frame: past 36 month  ☐ None			

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	AstraZeneca ,Regeneron ,Glenmark ,Cipla	Personal
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational	AstraZeneca ,Regeneron , Cipla ,Lupin ,Chiesi,Thorasys	Personal
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	Regeneron ,Chiesi ,AstraZeneca	Attending BTS,ERS ,ATS
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	AstraZeneca ,Regeneron	Ad Boards
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

ne (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)			
	Electronic peak flow devices			
eneca				
Please place an "X" next to the following statement to indicate your agreement:  I certify that I have answered every question and have not altered the wording of any of the questions on this form.				